Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084001	A. BUILDING: _____ B. WING _____	10/28/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE TAYLOR HOUSE	319 PALMER STREET ALBEMARLE, NC 28001

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an annual survey on October 27 and 28, 2015.	D 000	On 10/28/15, CPR certified staff with hands on training covered all shifts until other staff trained.	10/28/15
D 167	10A NCAC 13F .0507 Training On Cardio-Pulmonary Resuscitation 10A NCAC 13F .0507 Training On Cardio-Pulmonary Resuscitation Each adult care home shall have at least one staff person on the premises at all times who has completed within the last 24 months a course on cardio-pulmonary resuscitation and choking management, including the Heimlich maneuver, provided by the American Heart Association, American Red Cross, National Safety Council, American Safety and Health Institute or Medic First Aid, or by a trainer with documented certification as a trainer on these procedures from one of these organizations. The staff person trained according to this Rule shall have access at all times in the facility to a one-way valve pocket mask for use in performing cardio-pulmonary resuscitation. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assure completion of an approved Cardio-Pulmonary Resuscitation (CPR) and choking course within the last 24 months for 4 of 4 staff sampled (Staff A, B, D and E). The findings are: A. Review of Staff A's personnel file revealed: - A hire date of 05/08/99. - Staff A worked as a Nurse Aide/Medication Aide (NA/MA). - CPR certification was provided by an online training company.	D 167	On 10/29/15, staff requiring CPR attended a CPR recertification class at the facility. This class certified that participants *"successfully completed the cognitive and skills evaluation in accordance with American Heart Association BLS for Healthcare Providers (CPR and AED) Program."* The class also included training of the Heimleich maneuver. This ensured that all shifts had staff that were certified with CPR with hands on training. All CPR recertification classes for staff will always include hands on training. The administrator will monitor CPR recertification to ensure that the hands on component is included for staff as part of their training. Monitoring by the administrator will be on going and included with required staff training.	10/29/15 On going On going On going

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 11/13/2015

Approved 11/30/15
Darlene Kay Parr

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084001	A. BUILDING: _____ B. WING _____	10/28/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE TAYLOR HOUSE	319 PALMER STREET ALBEMARLE, NC 28001

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 167	Continued From page 1 - CPR certification with an expiration date of 03/08/16. Interview on 10/27/15 at 3:15 pm with Staff A revealed: - The CPR was provided as an online course and did not include any hands-on training or practice with manikins. Refer to interview with the Administrator on 10/28/15 at 11:00 am. B. Review of Staff B's personnel file revealed: - A hire date of 08/20/07. - Staff B worked as a Nurse Aide/Medication Aide. - CPR certification was provided by an online training company. - CPR certification with an expiration date of 10/27/17. Staff B was unavailable for interview. Refer to interview with the Administrator on 10/28/15 at 11:00 am. C. Review of Staff D's personnel file revealed: - Staff D worked at the facility as a Nurse Aide/Medication Aide. - CPR certification was provided by an online training company. - CPR certification with an expiration date of 5/20/17. Interview on 10/28/15 at 9:50 am with Staff D revealed: - She worked at the facility for 1 year and 3 months. - She was CPR certified. - Her CPR training was completed online and consisted of a videos and a test, the training had	D 167		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL084001	A. BUILDING _____ B. WING _____	10/28/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE TAYLOR HOUSE	319 PALMER STREET ALBEMARLE, NC 28001

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 167	Continued From page 2 no hands-on component. Refer to interview with the Administrator on 10/28/15 at 11:00 am. D. Review of Staff E's personnel file revealed: - Staff E worked as a Nurse Aide/Medication Aide. - CPR certification was provided by an online training company. - CPR certification with an expiration date of 2/17/17. Interview on 10/28/15 at 10:15 am with Staff E revealed: - She had worked at the facility as a Nurse Aide/Medication Aide for 13 years. - She was CPR certified. - When she was certified in CPR earlier this year, it was an online course and did not include any hands-on training with manikins. Refer to interview with the Administrator on 10/28/15 at 11:00 am. Interview with the Administrator on 10/28/15 at 11:00 am revealed: - For at least 4 years the facility had provided the online CPR training for all employees. - No additional CPR training had been provided to the employees. - The facility was staffed with Nurse Aides/Medication Aides and CPR was required for employment. - All CPR training was completed on line and did not include a hands-on component for any of the employees.	D 167		